Georgia Institute of Technology

MEDICAL MARIJUANA:
REDEFINING THE SOCIAL POLITICS OF REALITY

Kathryn E. Farmer
Department of History, Technology, and Society
Georgia Institute of Technology
Undergraduate Thesis
Friday, December 12, 2008

Advisor: Dr. John L. Tone
Second Reader: Dr. Steven Usselman

MEDICAL MARIJUANA:
REDEFINING THE SOCIAL POLITICS OF REALITY

Approved by:

Dr. John L. Tone, Advisor
School of History, Technology, and Society
Georgia Institute of Technology

Dr. Steven Usselman
School of History, Technology, and Society
Georgia Institute of Technology

Date Approved: 12/11/2008

ACKNOWLEDGEMENTS

I would like to acknowledge and show appreciation towards the mentorship of my advisor Dr. John L. Tone.

I would also like to acknowledge Dr. Steven Usselman as a reader for my thesis, and the Undergraduate Coordinator, Amy D'Unger, for the School of History, Technology, and Society, as well as: the School of History, Technology, and Society, the President's Undergraduate Research Award, and the Undergraduate Research Opportunities Program.

Abstract

Medical marijuana is a pertinent and controversial topic in contemporary American society. Those against medical marijuana cite the "dangers" the drug presents to society and claim that there is no, and has never been, any medical utility of marijuana. Advocates of medical marijuana refute preconceived ideas of marijuana being dangerous and cite thousands of years of historical evidence that lends credence to the proposed therapeutic effects. Since the prohibition of marijuana in 1937, the federal government has portrayed a negative image of marijuana that remained dominant in public opinion until it began to be challenged forty years ago. Contrary to the statements of the federal government that marijuana has no medical use, world history and modern science has indicated its therapeutic potential. As a result of several medical marijuana laws being enacted since 1996, Congress held a hearing in 2001 to discuss the issues of medical marijuana, federal law enforcement, and the supremacy clause. Many images of marijuana and the user were presented that represented old, traditional beliefs, as well as new images that represent the emerging medical marijuana culture. The disparate views of marijuana can be explained by each person's own special perception of the drug, which is shaped by one's own pre-conceived notions, environment, personal experiences, and special view of "reality."

Keywords

Medical marijuana, marijuana, cannabis, medicine, federal drug policy, narcotic,

hallucinogen.

Medical Marijuana: Redefining the Social Politics of Reality

Cannabis, Ganja, Weed, Grass, Marijuana, Charas, Hashish, Bhang, Tweeds, Trees, Bud, Herb, Reefer, Hemp: each name is synonymous with the plant, most properly known as *Cannabis sativae.* Different societies see cannabis in different ways. Where one society may see the plant as a spiritual conduit, another may view it as an illicit narcotic. The disparity in the names for cannabis reflects a unique view of the herb and carries a weight of cultural and social significance. In America, there is a cultural rift in how society sees cannabis and the image of cannabis has gone through many changes throughout American history. Harry Anslinger and the Federal Bureau of Narcotics created a negative image of marijuana when crusading for its prohibition in 1937. The federal government has traditionally projected a view of marijuana that has been the dominant discourse since the early twentieth century. This is the standard position of the United States federal government as evidenced on the NIDA, DEA, and NIH websites. Even so, within the record there are numerous inconsistencies in upholding the view of marijuana as "dangerous." In the last 40 years, the image of marijuana has increasingly shifted to encompass a more tolerant image of "soft drug" and "therapeutic."

The multitude of images of cannabis, whether it is dangerous drug or benign panacea, reflects the many layers of American society and beliefs. The different views of cannabis depend on different "social realities" and how one chooses to interpret the large body of scientific and historical evidence. In his book, *The Strange Career of Marihuana: Politics and Ideology of Drug Control in America,* Jerome Himmelstein contends that the image of cannabis has been shaped largely by social and political

forces: "Information in itself has rarely played an independent or direct role in shaping marihuana ideology. Its impact has been mediated by the various social forces…"[1]

Under the Controlled Substances Act, marijuana is placed in the strictest of classifications that defines it as having a high potential of abuse, no accepted medical value, and a lack of accepted safety under medical supervision.[2] Therefore, as a historian studying the medical marijuana debate in the United States, one has to ask how information can be construed to fit a particular image of marijuana as medicine. If marijuana is a dangerous drug physically and socially, how can it be medicinal and beneficial? The answer lies not in its inherent "positive" or "negative" qualities, but in how the dissemination of information, whether scientific or based on personal experience, is interpreted. Each particular group feels they have a legitimate claim on their one special view of "reality" concerning marijuana. As Erich Goode points out: "'True' and 'false' become, in fact, what dominant groups define as true and false; its very collectivity establishes legitimacy."

There are a lot of factors and a wide range of issues surrounding the medical marijuana debate. Both sides of the debate make effective arguments for why marijuana should or should not be legalized as a medicine. There is substantial evidence historically and in contemporary scientific studies that support the therapeutic potential of marijuana. Marijuana has been used for thousands of years in various cultures around the world for its medicinal and social value, but has had a controversial history in western medicine and in American history. It is a fundamental principle in studying history that each culture and society at different points in time will attach different meanings to things in relation to particular ideals and social mores. Marijuana has gone through many

transitions and images in the twentieth century as social ideals have changed. One of the most recent changes is that from a dangerous narcotic to medicine.

There has been much work done on the changing image of marijuana as an illicit narcotic in drug policy through the 1970s. This paper aims at discussing the various images of marijuana, old and new, evoked in a 2001 congressional hearing, and how science is used as a bar to validate or invalidate marijuana as medicine. In order to get a broader perspective of the plant, I will first discuss marijuana as medicine in world history and how different cultures have depicted the plant in their own societies and times. Then, I will review how the image has changed over time in our own culture by discussing marijuana in modern and contemporary American history as part of drug policy. Lastly, I will use the 2001 congressional hearing as a primary source in order to discern what images, new and old, were being evoked during the first evaluation of the effects of state medical marijuana initiatives. The hearing sheds light on how contemporary American society has shifted to encompass the idea that marijuana is a relatively safe and "soft" drug amid a climate that predominately sees it as "dangerous."

CANNABIS IN WORLD HISTORY

Cannabis has a long and varied history around the world. Hemp is the term commonly used to refer to the industrial use of the cannabis plant that has been used for its fiber, oil, and seeds (a nutritious foodstuff). In addition, cannabis has had a long history of cultivation for its therapeutic and narcotic properties, it is this type that Americans commonly refer to as "marijuana".[3] However, in America, hemp, cannabis, and marijuana have been used interchangeably to refer to the smoked plant. Depending

on what the intended use is, the cannabis plant is cultivated in different ways. Hemp contains very little to none of the psychoactive chemicals that are found in marijuana. The rich variety of uses and cultivations of this single plant is one of the reasons why it was so important to ancient societies in economic, social, and religious contexts.

Cannabis has been used by a plethora of societies around the ancient world including Asia, Africa, the Middle East, Europe, ancient Rome, and ancient Greece. The herb is often depicted in a positive light and is mentioned in disease treatment. The psychological effects of the plant are also mentioned. The medical value of cannabis is not disassociated from the notion that its euphoric properties produce a pleasant feeling. The therapeutic and positive health effects cited in ancient literature include enhancing concentration, eliminating stress, creating joyful feelings, and enhancing sexual pleasure. It is also noted that it "quickens the mind," which contemporary studies have shown that although in great quantities it may affect short term memory, in moderate amounts it facilitates brain growth and cell function. [4] Cannabis as a folk medicine is closely tied to its euphoric and psychoactive properties. These "side effects" were considered desirable, and cannabis was considered more efficacious than other medicines because it helps physiologically as well as psychologically.[5]

Cannabis is said to have originated in southeastern Asia, and from here spread to other parts of the world in antiquity. There are detailed descriptions of the medicinal use of cannabis from China, India, and in Buddhist lore.[6] The earliest mention of cannabis as a medicine can be traced to China. In Chinese, cannabis is called *ta ma*, which means "great hemp."[7] Hemp seeds have a high nutritional value, and hemp seeds are listed as one of the five major grains in ancient China. Hemp was also cultivated for its fiber, and

cannabis used as a medicine. In ancient China, however, the widespread use of cannabis as an intoxicant was unheard of; the psychoactive properties that were recognized had a strictly therapeutic or spiritual purpose.[8]

Cannabis is mentioned in a variety of ancient Chinese medical texts. In the *Shen-nung Pen-tshao Ching*, cannabis is given the name *ma*, with the character depicting two plants drying in the sun. The ancient text was compiled in 100 A.D., but dates back 2000 years in the oral tradition. It is the world's oldest surviving list of medical drugs.[9] The document lists over 100 ailments treated with the cannabis plant. The method of delivery was usually oral, taken in liquid form and in food preparations. Certain extracts and topical preparations were used as well, but smoking as a delivery system was uncommon. The uses cited include treating pain caused by rheumatism, digestive problems (including constipation and diarrhea), as an analgesic before surgery, and to ease the symptoms of patients with malaria and beriberi.[10] Thousands of years later, while in India, the Irish doctor William O'Shaughnessy would also note its effectiveness in patients with rheumatism.[11] Other citations include the founder of Chinese surgery, Hua T'o (AD 110-207), who used a "hemp boiling compound" mixed with wine as an anesthetic and Li Sheh Chen, who in 1578 used it as an anti-nausea agent, antibiotic, and as a means to stop hemorrhaging.[12] Other uses cited from the tenth century A.D. are: "for waste diseases and injuries; it clears blood and cools temperature; it relieves fluxes (diarrhea); it undoes rheumatism; it discharges pus." It was also used for "female weakness, gout", "boils, constipation, and absent-mindedness."[13]

The mythological origin of cannabis is linked to the mythical Emperor Shen Nung who was said to have lived around 2700 B.C. Shen Nung was the patron deity of

agriculture and was credited with discovering the therapeutic properties of many herbs including ginseng, ephedra, and cannabis. It is said Shen Nung was able to view the effects of these medicines that passed through his own body via a "transparent abdomen."[14] The link between cannabis and the deity Shen Nung made it a powerful resource in early forms of Chinese medicine. In order to enter an altered state in which they could commune with the Spirits, shamanic priests swallowed hemp seeds. These rituals with cannabis seeds were also used in ceremonies to divine the future. However, its use as a narcotic in the ritualistic sense seemed to have faded in importance by the time of the first contact with modern Europeans. The primary use of cannabis and hemp observed when the Europeans arrived was for its strength and resilience as a fiber source.[15] Other mythological sources link the cannabis seed with Gautama Buddha. A tradition in Mahayana Buddhism relates that during the Buddha's six steps of ascetism, he lived by consuming one cannabis seed a day. In Buddhism, the sacred plant Soma is an important symbol, and is often equated with cannabis: "He is often depicted with 'Soma leaves' in his begging bowl and the mysterious god-narcotic Soma has occasionally been identified with Hemp."[16] In Tantric Buddhism, cannabis is used to facilitate deep meditation and heighten one's awareness. In contemporary Tibetan society, the plant is not only of religious import, but used as a medicine and recreationally, making it part of the culture's everyday life.[17]

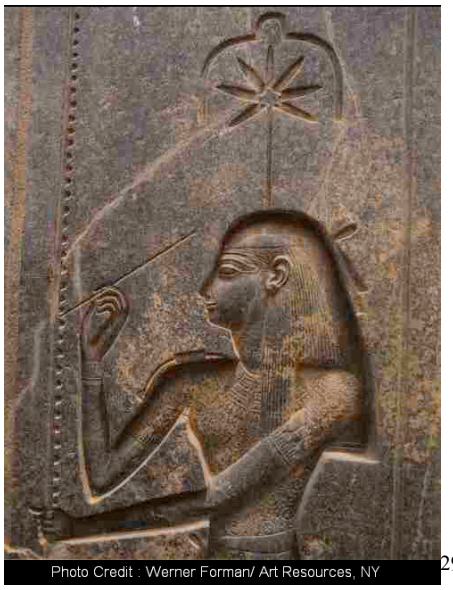
The religious and social importance of cannabis is not limited to Chinese and Buddhist lore; it has a deep significance in Indian culture as well. The sacred plant is associated with magical, medical, religious, and social customs in India having to do with community, family, and business within daily activities.[18] The religious significance of

cannabis in this part of the world is closely tied to its medical utility. Bhang, a term used for the leaves and flowers of the cannabis plant that is often consumed as a tea, or in the candy form called *maa-jun.*, was used in important religious contexts in the Himalayas of India and Tibet.[19] Cannabis is sung in the Vedas as providing health, longevity, and visions of the gods. The Hindu god Shiva is called the "Lord of Bhang," and is credited with the discovery of the hemp plant.[20] In the mythical tradition of India, cannabis was created when a divine nectar, Amrita, dropped to the material plane of earth from the celestial heavens. When the precious nectar fell, the cannabis plant instantly appeared. Another tradition relates that the gods and demons stirred the "celestial milk ocean" of the universe before time immemorial in order to procure Amrita. Cannabis was one of the many types of nectar created as the result of the divine act. The demons tried to gain the sacred Amrita, but were unsuccessful. Cannabis was thus given the name Vijaya, or Victory. The cannabis nectar was consecrated to Shiva, and is traditionally said to be the god Indra's most favorite drink. [21]

Besides the religious and mythical prominence of cannabis in Indian mysticism and religion, the plant is referenced in many Indian medicinal texts. In *Science of Charms*, dated to 2000-1400 B.C., bhang is referenced to as one of the "five kingdoms of herbs…which release us from anxiety," referring to its calming euphoric effects that brings lucidity to the psyche. [22] Cannabis is mentioned as an appetite stimulant, a digestive aid, a pain reliever, and a sleeping potion in Ayurvedic texts, a system of Hindu medicine in India that dates to the first century A.D. Sushrata, a well known ancient Indian healer, recommended it for congestion, fever, and as a cure for leprosy, a common affliction in ancient times. [23] Another Indian physician from the seventeenth century

A.D., Bharaprakasha, describes it as "antiphlegmatic, digestive, bile affecting, pungent and astringent," prescribing it to "stimulate appetite, improve digestion, and better the voice." Other medicinal uses of cannabis include control of dandruff, relief of headache, mania, insomnia, venereal disease, whooping cough, earache, and tuberculosis.[24] In 1893, the British colonial authorities investigated cannabis's medicinal uses in India that confirmed these ancient authorities on medicine.[25]

The use of cannabis in ancient times was not limited to China and the Asian subcontinent. Its use spread to other parts of Asia, Africa, the Middle East, Europe and even the New World where those residing in Veracruz, Hidalgo, Puebla, and the Tepecano Indians of Mexico use it in socio-religious settings. Ancient Assyrians used cannabis as an incense around the ninth century B.C.[26] There is archaeological evidence that suggests hemp fiber production in Neolithic northeastern Asia around 600 B.C.[27] Contemporary tribes of Africa, the Hottentots and Mfengu, use it to treat snakebites, whereas the Sotho women use cannabis before childbirth. It is used as an intoxicant and medicine among the Hottentots, Bushmen, and Kaffirs. Hemp-smoking and hashish-snuffing sects have deified cannabis as an important socio-religious symbol all along the East African coast and among the Kasai tribes. Cannabis has acquired a significant status and is used in binding affairs of business and as offerings made to altars.[28]



[29]

Cannabis acquired a special place in Islamic culture in Egypt and the Middle East. According to Arab legend, the monk Hayder (the Persian founder of the Sufi religious order) discovered cannabis in the twelfth century while walking the mountains in meditation. Even before the medieval period, cannabis was known to the ancient Egyptians, and was used it in medicine and religious ceremony. During the medieval period in Egypt, cannabis became extremely popular, and had somewhat of an infamous reputation in the Gardens of Cafour in Cairo. At the time, during the thirteenth and fourteenth centuries, the Egyptian governments tried to close the establishments where hashish (a resinous form of cannabis) smokers gathered to mingle and socialize, but to no avail. The habit had become too popular and ingrained in the leisure life of Egyptians and other Arabs, because whereas the Koran forbade intoxicating substances such as alcohol, there was no mention of cannabis.[30]

In modern times, the use of cannabis as an intoxicant was brought to Europe with Napoleon's returning army from Egypt. Napoleon seemed to be threatened by the foreign habit and banned its consumption. This decree was ineffective, as the army returned to France with the experience and knowledge of the inebriating effects of hashish.[31] After it was introduced in the nineteenth century, hashish became fashionable amongst French artists and writers as an experimental drug with foreign appeal and dramatic allure. Although this account relates Europe's first contact with Egyptian hashish, there is textual and archaeological evidence for cannabis's existence in pre-modern times. In Germany, hemp seeds were found at a site dating to 500 B.C. and were most likely consumed for their nutritional value. The Greeks and Romans were aware of the psychoactive effects of cannabis, it being mentioned by Herodotus, Galen, and Democritus. Roman writers such as Lucilius and Pliny the Elder both mention hemp as a fiber. There is evidence from excavations at Roman sites in England dating to 140-180 A.D. of hemp rope. The use of hemp increased in import from 400-1100 A.D. in this region. Cannabis is also described in the medicinal texts of Galen and Dioscorides. Medieval herbalists, who based their medical ideology on classic texts, distinguish cannabis from hempen fiber as "bastard hemp" and recommend it for tumors, nodes, and "wennes." It was also said to cure anything from cough to jaundice with the caution that it may induce sterility.[32]

One of the prime differences between modern medicine and traditional medicine is that plants in raw form were the staple of old, natural remedies. Active therapies of the past include herbs and rituals. Herbal healing depends upon the mundane and spiritual symbolic properties of the plant as well as the empirical effectiveness. Many doctors

relied on the wisdom of "folk medicine" that had been in use for millennia up until the twentieth century when "elite", or modern scientific, medicine started to gain power and popularity. In contemporary society one sees a reemergence of traditional medicine that harkens back to ancient, holistic systems of medicine: " Elite medicine sought to discredit health folklore, but popular medicine has by no means always been misguided or erroneous. Recent pharmacological investigations have demonstrated the efficacy of many traditional cures… Today's 'green pharmacy' aims at the recovery of ancient popular medical lore, putting it to the scientific test."[33]

EARLY HISTORY OF CANNABIS IN EUROPE AND THE UNITED STATES

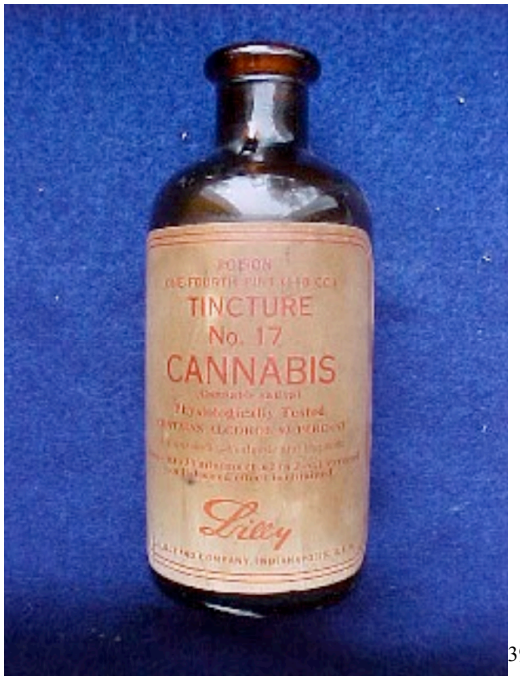
Cannabis has been used for centuries as a folk medicine and fiber in Europe and America. Up until modern medicine's "rediscovery" of many herbal medicines, women had been the keepers of herbal knowledge and medicine. In an 1824 edition of *Culpeper's Complete Herbal*, the medicinal properties of hemp were listed as being "so well known to every good housewife in the country, that I shall not need to write any description of it." The manual describes the ailments that hemp cures including: cough, jaundice, "obstructions of the gall", digestive problems, and killing "worms." It is also said that it "eases the cholic, and allays the troublesome humours in the bowels, and stays bleeding at the mouth, nose, or other places," as well as mentioning that the "decoction of the root eases the pains of the gout, the hard humours of knots in the joints, the pains and shrinking of the sinews, and the pains of the hips."[34] After 1839, western medicine became aware of its therapeutic potential through the research and writings of W.B. O'Shaughnessy at the Medical College of Calcutta. O'Shaughnessy was an

Irishman born in Limerick in 1809 and pioneered work in pharmacology, chemistry, drug clinical trials, science education, underwater engineering, cannabis therapy, as well as creating the modern treatment for cholera. There were many different ailments O'Shaughnessy used cannabis to experimentally treat, including rheumatism, hydrophobia, cholera, tetanus, and infantile convulsions. He also noted a "delirium occasioned by continued Hemp inebriation" that he describes as "quite distinct from any other species of delirium" that occurs among "young men first commencing the practice." O'Shaughnessy used a tincture that contained high concentrations of resin, the most potent part of the cannabis plant.[35]

In 1839 other medicinal uses came to light when British colonial authorities conducted the Indian Hemp Drugs Commission. The commission included a panel of Western and Indian doctors who discussed the medicinal efficaciousness of cannabis. The traditional claims of the medicinal properties of cannabis matched those that were being discovered by western doctors. The claims include that it controls spasms and cramps, reduces pain, fights digestive disorders, can be used as an anesthetic in minor surgeries, and that it eases symptoms of asthma and bronchitis. They concluded, "Cannabis indica must be looked upon as one of the most important drugs of Indian *Materia Medica*."[36]

The use of cannabis as a medicine became trendy in the United States up until the prohibition of cannabis in the 1930s. The period from 1837 to 1937 is referred to as the "Golden Age of Medical Cannabis" because its prevalence as an ingredient in medicine was as common as aspirin use is today.[37] Medical cannabis was used in cigarette form for asthma (the only smoked form known), as a cough syrup, as a tincture, in corn and bunion remedies, and in powdered form for migraines and headaches. Cannabis was also

a prime constituent in the "wonder drug of the nineteenth century," chlorodyne. The list of uses for cannabis as a medicine in the nineteenth century is extensive, with dozens of scientific articles written on the subject of cannabis as medicine.[38]



[39]

Although significant medicinal and therapeutic properties were recognized within the cannabis plant, its use as a medicine began to decline by the beginning of the twentieth century because of the precedence of modern pharmaceuticals and tighter controls. By this time, modern western medicine was beginning to take a definitive form based on a "pure drug" form that could be ingested by pill, or used intravenously. The main psychoactive constituent, THC, could not be isolated because it is only soluble in fat and alcohol, unlike other drugs such as morphine (derived from the poppy plant) that were soluble in water. Aspirin, and other opiate derived drugs, slowly started to replace cannabis as a painkiller in the late 19th century and early twentieth century. Eventually, marijuana began to decline in use as an analgesic.[40] With the invention of the hypodermic

syringe in 1853, injectable opiates, and other specific analgesics took precedence over cannabis because they could isolate specific chemicals and be marketed by pharmaceutical companies. [41]However, there is significant material evidence of medical packaging from this era that suggests the continued popularity of cannabis as medicine until its prohibition in 1937.

THE MARIJUANA TAX ACT OF 1937

The prohibition of marijuana in the United States of America began with the enactment of the Marihuana Tax Act of 1937. Hemp had been produced as a cash crop since colonial times, and our nation's founding father, George Washington, even cultivated hemp.[42] As far as using cannabis as an intoxicant, use was limited to certain fringe social groups in the early twentieth century, and never really became popular until American middle class youth began using the drug in the 1960s. The images of marijuana being "foreign" and "invasive" to traditional American values, as well as being a dangerous, "killer weed," were part of the Federal Bureau of Narcotics propaganda campaign in the 1930s to outlaw marijuana.

Unlike ancient societies who had a history of cannabis use and social acceptance, the United States had no cultural identity connected with the drug, and it was often looked upon as "foreign" and "invasive" compared to other traditional intoxicants such as alcohol: " The debasing and baneful influence of hashish and opium is not restricted to individuals but has manifested itself in nations and races as well. The dominant race and most enlightened countries are alcoholic, whilst the races and nations addicted to hemp and opium, some of which once attained to heights of culture and civilization have

deteriorated both mentally and physically (*New Orleans Medical and Surgical Journal).”* The preceding quote highlights the fear of corruptibility and degeneration that the “foreign” drug induced in the minds of the dominant European culture. [43] European colonialism sought to eradicate traditional systems of medicine as invalid in order to assert their own ideals and beliefs: “Europeans and Americans sought to stamp out indigenous practices and beliefs, from the African witchdoctors and spirit mediums to the *vaidyas* and *hakims* of Hindu and Islamic medicine in Asia. Native practices were grounded in superstition and were perilous to boot; colonial authorities moved in to prohibit practices and cults which they saw as medically, religiously or politically objectionable, thereby becoming arbiters of ‘good’ and ‘bad’ medicine. Western medicine grew aggressive, convinced of its unique scientific basis and superior therapeutic powers.”[44] The developing tenets of western medicine, coupled with the political prowess of the United States government, would label cannabis as objectionable in the early twentieth century while effectively capitalizing on their dominant view of medicine.

In the West, the Federal Bureau of Narcotics with stories of violence further propounded the negative image of marijuana. Marijuana continued to be associated with minority groups or cultural “others.” One of the most cited myths in the hearings over the Marihuana Tax Act was that recorded by Marco Polo of the “hashish-eating assassins” in Persia. The *Old Man of the Mountains*, as the story relates, would induce young novices with the drug and set them up in a “paradise-like” setting, and would promise them a return to this “paradise” in order to get them to do his murderous biddings. It is likely that the assassins were led by Hasan-Ibn-Sabbah, and like most Arabs of the time, used

hashish, but probably not while carrying out missions. Instead, the image of violence (contrary to its real effects of calmness) and the drug-crazed assassin has been used in the West "as part of the mythology that surrounds the cannabis debate." Henry Anslinger, the commissioner of the Federal Bureau of Narcotics, cited this myth in *American Magazine* in 1937: " In the year 1090, there was founded in Persia the religious and military order of the Assassins, whose history is one of *cruelty, barbarity* and *murder*, and for good reason. The members were confirmed users of hashish, or marijuana, and it is from the Arab 'hashishin' that we have the English word 'assassin' (my emphasis added)."[45] Clearly Anslinger wanted to link the image of violence with that of marijuana.

The image of violence hit closer to home when the drug was brought into the United States via itinerant Mexican workers in the early twentieth century. The idea of the "killer weed" was linked to Mexican stereotypes, which were considered to be drunks and to always carry weapons.[46] Marijuana quickly spread to New Orleans by 1910, and by 1930 it had infiltrated every major city as an alternative to alcohol during Prohibition.[47] Since the 1910s, a unified image existed in the Southwest and New Orleans linking marijuana and violence with the perception that the users were either members of racial minorities or were lower, working-class whites. The image and belief that marijuana was dangerous, led to violence, and was a threat to youth, was purposefully shaped by the Federal Bureau of Narcotics and their Educational Campaign: "He really becomes a fiend with savage or 'cave man' tendencies. His sex desires are aroused and some of the most horrible crimes result. He hears light and sees sound. To get way from it, he suddenly becomes violent and may kill." [48] "Reefer madness" became a popular

icon and image in the culture that symbolized how unsuspecting, wayward youth were seduced into the seedy underground of sex, drugs, and violence.

[49]

The Federal Bureau of Narcotics dominated the image and public discussion of marijuana in the years preceding the Marihuana Tax Act. Literature of the period from articles in journals and the Marihuana Tax Act hearings, cite the same sources and language. It is argued that the Federal Bureau of Narcotics used the image of marijuana as a "dangerous drug" and as criminogenic in order to push an even bigger and more important bill to the agency, the Uniform Narcotics Drugs Act. Studies such as the Indian Hemp Commission in 1894, the U.S. Canal Zone Committee in 1926 and 1933, and Walter Bromberg in 1934, were some of the most systematic reports on cannabis at the time. But, because they downplayed the hazards of cannabis, they were not referenced. According to Jerome L. Himmelstein, before 1930, various identities and terms existed in American culture for cannabis: "marijuana," "marihuana," "hasheesh," etc. This "multiplicity of terms implies that the drug had no settled social identity even in the accounts of domestic American use."[50] Given the fact that the general public was not a

social locus of the drug, and therefore relatively unaffected by its prohibition, the Federal Bureau of Narcotics took advantage and portrayed marijuana as a "menace." It became a "killer drug" that led to crime, insanity, and moral deterioration in order to popularize and pass the Marihuana Tax Act.

Jerome Himmelstein contends that: "The pervasive belief that marihuana use in America was dangerous, violent, and a threat to youth, was decisively shaped by the Federal Bureau of Narcotics. The articles not influenced by the bureau either do not discuss American use or stand outside the dominant consensus about the use." After the passage of the Marihuana Tax Act, the Federal Bureau of Narcotics eased up on the "marijuana menace" imagery. Marijuana was still portrayed as a dangerous drug, but it was seen as a problem that was coming under control. Concern shifted from the crazed "marijuana menace," to effects such as addictiveness, leading to violent behavior, and causing mental deterioration.[51]

THE LAGUARDIA REPORT

In 1938 New York mayor Fiorello LaGuardia commissioned a controversial medical, sociological, and psychological study of marijuana that debunked many of the FBN's claims. It began in 1940 and was published in 1944.The report concluded that the: "practice of smoking marihuana does not lead to addiction in the medical sense of the word." It also found that "the use of marihuana does not lead to morphine or heroin or cocaine addiction and no effort is made to create a market for these narcotics by stimulating the practice of marihuana smoking." The report directly addressed the question of it leading to crime by stating, "marihuana is not the determining factor in the commission of major

crimes." Other stereotypes, such as its effects on youth and mental faculty, were looked at: "juvenile delinquency is not associated with the practice of smoking marihuana," and "under the influence of marihuana the basic personality structure of the individual does not change."[52] In a foreword to the report, Mayor LaGuardia states that the aim of the report was not to encourage marijuana's use as an illegal narcotic but to be a "reassuring report of progress." As for the scientific findings within the report, the mayor stated that he hoped the research would shed light on the therapeutic value of marijuana in combating drug addiction.[53] As a result of the scientific study contradicting the dominant image put out by the Federal Bureau of Narcotics, Harry Anslinger attacked La Guardia and the report.[54] There was a concerted effort to de-sensationalize marijuana in the 1940s as a result of the La Guardia report. [55]

The medicinal potential of marijuana would briefly be revisited and argued for when the Marijuana Tax Act was being passed. A representative from the American Medical Association wanted less restrictive legislation because of the possibility that future research may evidence a substantial medical use. In a report to the American Medical Association it was stated: "There is positively no evidence to indicate the abuse of cannabis as a medicinal agent or to show that its medicinal use is leading to the development of cannabis addiction… it would seem worthwhile to maintain its status as medicinal agent for such purposes as it now has." Other papers published in 1942 would demonstrate the low level of cannabis habituation compared to other substances such as alcohol, tobacco, and caffeine. Even the *Journal of the American Medical Association* published a study that mentioned the possible therapeutic effects of cannabis on loss of appetite and the possible treatment of opium addiction. It is interesting to note that after JAMA published letters from FBN director Harry Anslinger and RJ Bouquet denouncing

the La Guardia report, they retracted their position and conformed to the ideology of the FBN.[56]

Despite the conclusions of the La Guardia report, particularly the one that states, "the use of marihuana does not lead to morphine or heroin or cocaine addiction," the trend in the 1950s was to link marijuana to the idea that there is something inherent in its pharmacology that leads the user to want to use harder drugs. This "stepping-stone" idea became a dominant image of marijuana in drug control policy during the decade. It is interesting that this claim becomes prevalent, because in the 1930s Harry Anslinger proposed just the opposite when questioned if "the marijuana user graduates into a heroin, an opium, or a cocaine user," his response was, "No, sir; I have not heard of a case of that kind. I think it is an entirely different class. The marihuana addict does not go in that direction."[57]

MARIJUANA IMAGE AND MEDICAL MARIJUANA POST-LAGUARDIA REPORT

The main user groups of marijuana in the 1950s were located in New York and San Francisco and were part of the popular "beat" sub-culture, as well as other artistic and intellectual groups. By the 1960s one sees a dramatic shift from fringe groups, such as Mexicans, blacks, jazz musicians, and beatniks using marijuana, to that of middle class college-aged youths. By the late 1960s, the stepping-stone hypothesis was losing ground and fell out of focus of attention because it was becoming discredited. However, a new threat was perceived as the Youth Revolution ensued and an establishment-bashing Counterculture emerged. The criminal and negative effects of marijuana were being questioned because of the change of the user image from a "criminal" in a marginal

social group to one's own son or daughter. People whose family or friends used marijuana were clearly not social deviants, but were well-respected, powerful members of society. The negative effect of marijuana began to be seen as a direct result of the criminal penalties associated with its use, rather than something that is inherent in the drug itself. Those against marijuana use saw a rebelling youth disenchanted with established ideals and blamed marijuana use for what they interpreted as inducing passivity and destroying motivation, often called the "Antimotivational Syndrome." The trend had shifted from the notion of "killer weed" pre- 1960s to "drop-out drug" in the late 1960s through the 1970s.[58] The "Antimotivational Syndrome" image dominated judicial deliberations and congressional hearings in the 1970s; but according to Himmelstein the "drop-out drug" image, although prevalent, did not dominate periodical literature because no single organization had "monopolized the social definition of reality as the Federal Bureau of Narcotics had in that previous era."[59]

After decades of FBN hegemony in drug policy, a UCLA researcher, who was looking for a way drug dogs could detect marijuana on a person, re-discovered the first contemporary medical use accidentally. The incident happened not too long after the Controlled Substances Act was passed in 1971. The researcher had inadvertently discovered it reduced intraocular eye pressure in glaucoma patients, when trying to ascertain whether a dilated pupil could determine if a perpetrator was under the influence of marijuana. Other anecdotal reports of cannabis relieving muscle spasms in Vietnam Veterans, and relieving severe nausea in chemotherapy patients, started to emerge. Because of the increase in recreational use of cannabis in the 1960s and 1970s, those who had smoked marijuana started to notice the therapeutic effects. Not all patients of medical

marijuana were once recreational users, but they would be informed of its therapeutic effects from friends or family.[60]

In 1976 Robert Randall became the first successful case for medical marijuana in *United States v. Randall,* and as a result, was the first patient to receive government approved medical marijuana for his glaucoma under the Compassionate Investigational New Drug Program.[61] The program was conducted under the Food and Drug Administration until 1991, with 15-34 people enrolled, when Public Health Service closed the program due to an onslaught of new applications.[62] The eradication of the federal medical marijuana program helps explain why the public and medical marijuana advocates proposed and passed the medical marijuana law, Proposition 215, in 1996 in California. Since the California "Compassionate Use Law" was passed eleven more states have passed similar laws.[63]

Contemporary American society has rediscovered traditional, natural medicine, as well as Eastern healing practices that relied on remedies produced from plants. It is believed that these natural remedies not only work, but are also a safer alternative to modern synthetic compounds, which can be harmful to the body.[64] The popularity of "alternative medicines" gained momentum in the 1980s and 1990s, after decades of an aura of increasing disenchantment with western medicine. The 1960s ushered in an era of social change that questioned established authority and practice. One such movement in medicine was the antipsychiatry movement that believed: " mental illness was not an objective behavioural or biochemical phenomenon but a label; madness had a truth of its own; and, under the right circumstances, psychotic madness could be a healing process and should not be pharmaceutically suppressed."[65] The relationship between medicine

and the people has changed since the 1960s because of a tension felt between a distant, objective doctor and the patient's need for a more holistic approach. As Roy Porter explains: "science demystifies, dehumanizes, creates impersonality, clinical detachment and modes of mechanization, all of which may seem remote and uncaring. Patients may as a consequence criticize modern medicine for reducing them to the status of walking stomachs, blood sugars, heart valves or whatever is the seat of their disease. Beset by such pressures, old-style primary care has had to reinvent itself endlessly in new attire, including coming to terms with alternative therapies…"[66]

The complex history of marijuana policy and the multiplicity of negative images associated with marijuana compound the contemporary debate regarding medical marijuana. The contradictory images of marijuana as "harmful drug" and "therapeutic" have been at the heart of the medical marijuana debate since the 1970s. It is necessary to be familiar with the past trends, images, and issues of marijuana drug policy because these same images are being evoked in contemporary congressional hearings to invalidate the notion of marijuana as medicine.

[67]

ANALYSIS OF THE 2001 CONGRESSIONAL HEARINGS IN THE CONTEMPORARY MEDICAL MARIJUANA DEBATE

Congress held a hearing on March 27, 2001 titled "'Medical' Marijuana, Federal Drug Law and the Constitution's Supremacy Clause" to discuss the effect that state medical marijuana initiatives have had on law enforcement as well as debate the claim that marijuana has therapeutic potential. A panel of speakers included congressmen and congresswomen, anti-drug groups, medical marijuana advocacy groups, DEA administration, and an expert on the Institute of Medicine's 1999 report on the therapeutic potential of marijuana. Every person who took part in the debate used "science" as a bar to validate their arguments, often citing the same sources. The definition of "medicine" and how marijuana fits within that definition was also discussed. There are many images and themes prevalent in the hearing that evoke old stereotypes and propaganda towards cannabis, and new themes that aim to reshape the view of cannabis as medicine. Unlike in the past, the negative images of marijuana projected are not shaped by any one government agency; nor is there one theme that takes precedence as a larger concern for what is affecting society. Instead the anti-medical marijuana view is mixed with anti-drug policy in general and the arguments made against it are an amalgamation of past arguments. Past arguments evoked are that it produces violent behavior, it is a youth-infecting drug, and that it is a gateway drug. A new theme is that of the "Trojan Horse", or the idea that the main purpose of the medical marijuana advocacy is to lead to outright legalization. Advocates for medical marijuana are often portrayed in a conniving manner. Other new themes that are most popular among medical marijuana advocates and the general public are the user as a patient, and marijuana as a

"soft drug." This image plays on the "compassionate use" theme and serves to redefine how our society sees the marijuana user and the drug itself.

"Science" is used as a guiding principle in determining whether marijuana is medicine. The "aura of truth" that surrounds the doctrine of scientific validity is claimed by each side to strengthen their argument, and "nothing has greater discrediting power today than the demonstration that a given assertion has been 'scientifically disproven'."[68] Within the hearing, Dr. Gabriel Nahas, an ardent opponent of marijuana, is cited by anti-medical marijuana factions in order to pose "science" on their side of the debate. [69] Other than this citation, it is unclear what other medical or scientific studies demonstrate the totality of marijuana as a dangerous substance. The idea that there is no scientific proof of any medicinal properties of marijuana is reiterated throughout the hearing by the opposition.

Dr. Janet Joy was a panelist in the hearing that represented the position of scientific authority on the subject because of her expert knowledge of the 1999 Institute of Medicine report on medical marijuana. Dr. Joy ensures that the report was politically unbiased by stating that they were "asked to review the scientific evidence" and that "the report… takes no position on the legal status of medical marijuana." The most recognized side effects of marijuana in studies, such as the Institute of Medicine report, are its effects on short-term memory and the effects the inhalation of smoke may produce. Other concerns include the premature onset of schizophrenia in those with a predisposition to the condition.[70] However, the Institute of Medicine made numerous recommendations concerning the application of marijuana as medicine that validated its medical efficacy. The IOM report also made the suggestion that "patients with debilitating conditions…"

would benefit from smoked marijuana as a "therapeutic" because "there remains the problem of people with debilitating and devastating conditions for whom none of our medications have proven effective."[71]

Dr. Joy summarized the Institute of Medicine's position as being "responsible for the scientific opinions." Many issues were addressed including its affect on the immune system, respiratory system, pain pathways, gastrointestinal system, and psychological effects. In respect to immunological studies, the report concluded that further study is needed because "little information about the physiological effects are known" and that "many believe that the data on the immune system are highly inconsistent."[72] The side effect of most concern for those conducting the report was the possibility that smoked marijuana might have a negative impact on the respiratory system. Because marijuana contains some of the same substances (plant material) found in tobacco it is reasonable to assume it may have adverse effects if used chronically; but Dr. Joy states " note that the committee did not say it had been proven." They suggested conducting studies "to define the individual health risks of smoking marijuana…among populations in which marijuana use is prevalent" because "we know very little about the negative physiological health effects."[73] According to the IOM report, " recent scientific data are extremely compelling in terms of cannabinoids acting…on different pain pathways than the traditional morphine and also in a way that might decrease the need for morphine in the treatment of pain." Other results included " the potential therapeutic value… for… control of nausea and vomiting, and appetite stimulation" and the psychological effects that include "anxiety reduction, sedation, and euphoria" which can affect an individual in different ways, either being advantageous or undesirable.[74] The report clearly suggested that

marijuana had therapeutic potential, that it did have limited adverse side effects, and that further studies should be conducted to learn more about the physiological effects of marijuana.

Science and medical studies are used to validate certain positions pertaining to medical marijuana. However, where scientific experiments and studies are designed to be unbiased, the conclusions of such experiments are often used to strengthen one's view of marijuana or are dismissed for not conforming to one's established view. For those who have been advocating the view that marijuana is medicine, the statements made reflect a view that marijuana should be treated like any other medicine with its benefits and harms: "Mr. Kampia: "marijuana isn't free or devoid of negative side effects, but the Institute of Medicine found…that the negative health effects of marijuana are certainly within the realm of reason, given the drugs that are already available by prescription in our society."[75] In response to the IOM report, those who ardently oppose medical marijuana reassert their position by condemning the report: " Legalizers were helped substantially, in my opinion, by the government-funded Institute of Medicine study," and " frankly I was a little disappointed in the Institute of Medicine's report for even making that statement, because it implied there is some validity to the arguments being put forward by those who are advocating the legalization of marijuana…"[76] The conclusions of the IOM report seem to irk those who were looking for the science to legitimate their position in drug policy that marijuana is dangerous with no medical utility. Despite the overwhelming evidence to the contrary, it is ascertained that "marijuana is not medicine, it is an illegal drug. Smoked marijuana is a highly dangerous narcotic…its addictive qualities and health hazards far outweigh any medicinal value."[77] The classification of

marijuana as a Schedule I drug under the Controlled Substances Act still supports the definition of marijuana as being highly addictive and having no medical value despite statements made to the contrary by Dr. Joy: " This report represents the views and inputs of the Nation's leading scientists whom we assembled to provide the panel with information and so forth. What was so striking about the study was the level of consensus on the scientific evidence of the therapeutic potential of medical marijuana and its constituent components…"[78]

The definition of what is "medicine," and whether marijuana fits within that definition, is also debated. In modern western medicine, the "purity" of a drug is highly sought after. The advantage to isolating certain chemicals ensures the quality of the drug and allows the quantity to be regulated in dosage. Marijuana does not fit neatly into this category because it is an herb that consists of over 400 different compounds including THC, cannabinoids, and plant material such as cellulose.[79] Although there are herbal medicines that have been approved by the FDA, marijuana is unique because one of the methods of delivery is smoking. In fact, the most common method of delivery is smoking because it allows rapid onset as opposed to consuming it. Taking marijuana orally can take up to an hour or two to take effect, and this poses a problem to those who need immediate relief, such as cancer patients suffering from violent nausea, migraine sufferers, patients with chronic pain, or those with other gastrointestinal disorders.

Opposition advocates Marinol, a synthetic form of THC, as an alternative to the "crude" plant form of marijuana because it is FDA approved, fits neatly into the concept of a modern drug, can be clinically tested, and is orally ingested. But, As Dr. Joy states: " Marinol is not an equivalent for smoked marijuana...there is an important

pharmacological difference between smoking a substance versus swallowing it, and that is rapid onset of action."[80] Another factor in patients who suffer from nausea is that the orally ingested medicine will just be thrown back up. Taking this into consideration, smoked marijuana is more advantageous than using Marinol. Many people at the hearing claimed that Marinol could provide all the benefits of marijuana without the issues of it being illegal or smoked. However, as the research presented showed, THC is not the only compound in marijuana that has therapeutic effects, and further research into these compounds was suggested.[81] Because Marinol is somewhat inferior in treating certain symptoms, and smoked marijuana is a "crude delivery system", the IOM report suggested more research to be done on a better delivery system.*

Besides framing a definition of a viable medicine, another of the main themes in the hearing concerns the idea that marijuana is a "gateway drug." The idea that marijuana somehow leads the user to want and crave harder drugs has been purported since the 1950s. It is interesting to see how this image of marijuana fell out of vogue during the 1960s but was resurrected. Those who would like to see marijuana stay as a Schedule I drug use the gateway drug theory to validate their argument: " Not only is marijuana dangerous in its own right; it is the gateway drug to cocaine, heroin, ecstasy, methamphetamines and many more. Any message that says to our children that it is OK or acceptable to smoke marijuana is dangerous. And that is just a fact. The message being sent by medical marijuana initiatives that have been passed in California and other States

* It is interesting to note that that "vaporizer" is an alternative delivery system that reduces or eliminates all of the harmful side effects of smoking while still allowing rapid onset. This alternative is not mentioned in the 2001 hearing, but is discussed in the 2004 hearing.

is precisely such a dangerous message."[82] In the preceding quote, the definition of marijuana as a gateway drug is not necessarily clear, whether it is a pharmacological component or a social issue. It is taken as a real perceived threat that marijuana has an inherently detrimental effect to anyone who uses it. The supposition that marijuana is "dangerous" and will send a bad message to children is commonly reiterated throughout the hearing. Even though pro-marijuana groups explicitly state they do not advocate children using marijuana for recreational purposes, the theme becomes prevalent because it is easier to position an innocent and powerless group in the middle of the controversy to gain an emotional appeal. [83]

The persistent belief that marijuana is a gateway drug is addressed in many different manners. Mr. Kampia, a representative for the Marijuana Policy Project supposes that the laws of our society cause marijuana to be a gateway to other drugs: "For those who are interested in purchasing marijuana, they are oftentimes introduced to LSD, cocaine, and other drugs through the criminal market. And if we would regulate marijuana like we do alcohol, then those who buy marijuana would not be exposed to cocaine and LSD. So I think that the very laws of this Congress…put marijuana in the position of being a gateway drug."[84] Kampia proposes the idea that the illegality of marijuana is the root of the gateway issue because of the exposure a buyer is confronted with in the criminal market. The illegality of marijuana in itself is more of a danger to Kampia because he himself, as a straight "A" engineering student, was incarcerated for possession of marijuana. In his eyes, the illegality of marijuana, and the position it puts the user in poses a greater threat. The idea that the penalty for marijuana possession causes more harm socially than the drug itself was first brought up in marijuana policy

discussions in the 1960s. The argument is that marijuana, as a substance, does not cause a social deviant, but the illegality in itself defines the user as a deviant. When Janet Joy was asked to summarize the IOM report's position on the gateway issue it was stated that:

> They did note that in the sense that marijuana use typically precedes rather than follows initiation of other illicit drug use, it is indeed a gateway drug. But because underage smoking and alcohol use typically precede marijuana use, marijuana is not actually the most common and is rarely the first gateway to illicit drug use. There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs. That doesn't mean they don't precede them, but the causal link has not been established by any scientific studies… the committee concluded that present data on drug use progression neither support nor refute the suggestion that medical availability would increase drug abuse. However, this question is beyond the issues normally considered for medical uses of drugs and should not be a factor in evaluating the therapeutic potential of marijuana or cannabinoids.[85]

Another old negative stereotype of marijuana is that it is "youth-infecting." The image of marijuana negatively affecting children and being dangerous is at the root of drug policy in the United States harkening back to the very beginning of the Federal Bureau of Narcotics campaign against marijuana. One of the main concerns in the medical marijuana debate is the "dangerous message" legalizing medical marijuana might send to children: "Mrs. Sembler: …and I can tell you that young people hear that and what they hear is that if it's a medicine it's not so bad. And then they begin to use more."[86] Anti-drug groups use the threat to our nation's youth as an argument, often purporting that marijuana causes death among kids: "Mark Souder: Because I deeply believe that advocacy from your group has put my kids at risk, has resulted in additional deaths in my community…when somebody protects and provides a shield for things that are so damaging to our families and children…"[87] There has never been an account of death from overdose of marijuana; but all throughout the hearing "dead children" are

referred to.[88] The most severe side effects recorded from consuming too much marijuana in one sitting include anxiety, paranoia, and falling asleep. Despite the mild to moderate side effects of marijuana, the plant is portrayed as having extremely deleterious effects. Despite the lack of evidence, it is a real concern among the parent advocate groups that the legalization of medical marijuana will influence children and wreak havoc on families and communities throughout the country. This belief is built on previous notions and propaganda of marijuana "infecting" the youth causing anti-social and deviant behavior.

Marijuana leading to death among young people portrays a very strong negative image that makes an emotional appeal for anti-legalization. By claiming to represent the views of the American family, and framing pro-medical marijuana groups as "evil," congressman Souder is reinforcing old ideals and positions in marijuana policy: "because you are an articulate advocate for an evil position…And I understand the argument you are making, but I have kids dying…I want the record to show that I have a deep, deep offense caused by the type of arguments you have made on television and how you are attacking my own family and other families in my community because of the advocacy of your position."[89] Congressman Bob Barr states the same position saying marijuana "kills people" and that young people will be confused about the illicit nature of marijuana if it is accepted as medicine.[90] Marijuana is also portrayed to generate violence among young people and contribute to school shootings, a common theme of delinquency found during the 1930s anti-marijuana campaign that was refuted by the La Guardia report.[91]

Anti-drug factions portray marijuana advocates as insidious and conniving in trying to "dupe" our youth and the public in believing that marijuana is less harmful than has been portrayed in the past. Those who adhere to the traditional marijuana ideology

pose "innocents," such as children, as victims, and the advocate and user as corruptors. The anti-medical marijuana faction never mentions the people who benefit the most from medical marijuana laws, the patient. Instead the advocate is seen as a money-hungry, soul-less millionaire funding the initiatives in order to destroy the very fabric and moral foundation of the country: "drug pushers in coat and tie… market addictive, unsafe, life threatening substances to our children…business men disguised as medical experts, using tactics worthy of the Goebbels award, Hitler's Propaganda Chief, distort truth, eschew legitimate research, manufacture facts and bombard the public with disinformation." Likening medical marijuana advocates to certain Holocaust perpetrators is an extremely potent analogy that reflects the ideology of the user as "evil." The main force behind Proposition 215 is given the guise of subverting federal authority because of an alleged handful of millionaire businessmen: "The absurd proposition would never have reached the Supreme Court if it weren't for massive pro-drug funding…"[92] The rumored funding from these wealthy men is meant to portray a corruptive force that is convincing the public of the efficacy of marijuana. It is assumed that the public is completely ignorant about marijuana usage and issues. It is never really taken into account by the opposition that a significant amount of Americans have used marijuana, and that a percentage of the voting public are users themselves.

There is also a persistent belief that the public must obviously be uneducated about the baneful effects of marijuana because of the refusal to believe that public opinion would be in favor of medical marijuana. They refer to the public as being "naïve" and "tricked" into voting for "harmful but attractive" state medical marijuana initiatives.[93] Pro-marijuana groups have never been anything but honest about the fact

that they support legalization of marijuana because they believe it to be a "soft drug" that has less physical and social side effects than alcohol, and has less habitually addictive properties than commonly used legal drugs such as alcohol, tobacco, and caffeine: "Mr. Kampia: they are trying to scare people by saying well, really it is not just about medical marijuana, it is about this broader agenda…We're always quite honest about what our agenda is. We don't want to see people go to jail for marijuana. And if we can keep sick people out of jail in the short run, then, by God, we're going to do it."[94] The medical marijuana argument is made illegitimate by claiming it is a "farce" backed by "druggies": " Mr. Cummings: It is a farce…it is a false movement… this is not about medicine, it is about legalizing drugs."[95] The claim, despite valid scientific evidence, that marijuana has therapeutic potential in raw and synthesized forms is completely dismissed by some as "virtual lunacy" and that the "medical indication for the use of marijuana and that the efforts on the part of some people to legalize this drug for medication is really just a veiled attempt to legalize another substance for abuse."[96] The advocacy groups are demonized, such as when NORML is incorrectly referred to as a "militant organizational arm of the drug culture."[97] Other advocates such as Dennis Peron and his beliefs are likened to the "Timothy Leary era" in a very unfavorable light.[98] Advocates are said to be "evil" because they support an unconventional ideology.

Those who are portrayed to advocate an "evil" position and "dupe" an "unsuspecting compassionate public" by the opposition are said to be carrying out a "scam" "working to legalize drugs for their own pleasure." Those who are supposedly going to profit from total legalization of marijuana as a commodity are the likes of billionaire George Soros, who is rumored to have some connection with the magazine

High Times. The position of supporting medical marijuana laws are often referred to as proposing a "Trojan Horse", carving out a "trump card", or as "unraveling our drug laws using the wedge 'medical use' in order to hide their agenda behind a false image."[99] It is interesting to note that the "Trojan Horse" image and allegations are based on: 1. The wealthy advocates of medical marijuana, and 2. The "hidden" legalization agenda of the marijuana advocates. Marijuana advocacy groups, since their inception in the 1970s, have never tried to hide their position and beliefs about decriminalizing and legalizing marijuana. The patient is absent from this image of the medical marijuana user and advocate.[†] Instead those who support medical marijuana legalization, or legalization in general, are reduced to a single image of "drug abuser" and "money bags" who "have employed wordsmiths" to craft a false argument.[100]. The medical marijuana advocate and patient are replaced by the predominant image "drug pusher" that conforms to a more acceptable and negative image of the marijuana user and "drug culture." Whereas the testimony of the patient was a substantial part of the hearing on medical marijuana in 1980, this testimony is completely absent in 2001. [101]

The cancer and AIDS patient is the most common image of the medical marijuana user projected. The image is persuasive because it depicts someone with a serious

---

[†] Because of disparity in state laws, there was no cohesive system in determining who is a medical marijuana patient or caregiver in California. According to the GAO report in 2002, out of the four states studied, California, Oregon, Alaska, and Hawaii, California had the most lax laws. Unlike the other states, California did not require medical marijuana patient registry (but counties could enact such voluntary registries), nor was there a requirement for the patient-caregiver relationship to be documented. There was also disparity between counties in California concerning how many plants a patient or caregiver could possess. Whereas in Oregon, Hawaii, and Alaska the limit was anywhere from 6-7 plants, 3-4 of them being mature, the limit ranged anywhere from 6-99 plants in California depending on the county. One could speculate that with the incongruity of laws in California, this laxity could incite abuse of the medical marijuana system.

affliction who is being victimized by marijuana prohibition. The representative for the Marijuana Policy Project states that they believe "that sick people as well as healthy people should not be arrested and put in prison for using marijuana…it is quite clear that patients who are using and growing medical marijuana legally under State law are still in fact violating Federal law…if the DEA and other Federal law enforcement officials are upset about that, then they still retain the authority to sweep up and down the West Coast arresting AIDS and cancer patients if they so desire. They have the authority to do that, and if the committee is concerned about State medical marijuana laws subverting Federal law, I would encourage you to encourage the DEA to arrest a large number of cancer and AIDS patients on the West Coast under Federal law." A reality is presented in the quote that poses the patient as a victim of federal policy compared to the contrasting image of marijuana inducing a victim. Instead of federal law protecting its citizens from the harmful effects of marijuana, it is shown to be an impairing law to innocent patients and users. The overwhelming amount of testimony in the hearing lent itself to being against medical marijuana. Mr. Kampia was the only representative to speak for medical marijuana ad Dr. Janet Joy was the only expert on medical marijuana research.

The marijuana user as a patient is consistently under-represented and denied a legitimate voice. Those using marijuana, medicinally or recreationally, make up a part of American society with their own set of beliefs, lifestyle, and culture. Just like the 1960s and 1970s when the public began questioning the harsh penalties on marijuana users, the American public is questioning the government's position on medical marijuana. Old ideology is seen as flawed and inconsistent with the scientific opinion and personal experiences of many Americans surrounding marijuana use. To a lot of Americans the

user is neither a "victim" to the drug nor a social deviant, but rather one's own neighbor, friend, or family. Medical marijuana users represent all ages, ethnicities, and social classes who are striving to find social acceptance among a barrage of politically charged images.

From the hearing on medical marijuana conducted in 2001, the primary image of marijuana being represented was overall negative, and reinforced old marijuana ideology while trying to invalidate the popular idea of the medical marijuana patient. The image of the marijuana user has changed over time to reflect a particular ideology or set of historically relevant beliefs. With the increase of marijuana use, coupled with burgeoning scientific studies on the subject since the 1960s, the user has morphed from the social deviant and the victim to the kindred and patient. Furthermore, with the passing of Proposition 215 in California in 1996, one sees a growing acceptance of the user as a "patient." This would not have been possible unless there was an increase in marijuana usage recreationally and a shift in public perception about the drug from a "danger" to a "soft drug." Even with an overwhelming support for medical marijuana from the public, the hearing indicates a strong resistance to accepting the idea that marijuana is anything other than illicit and dangerous. These beliefs are justified and founded on years of marijuana policy and social conditioning to a certain reality of marijuana as a drug. The hearing in 2001 exemplifies a crisis of contradicting "traditional" and emerging contemporary marijuana ideologies.

The belief that massive funding in the 1990s for medical marijuana initiatives, and a lack of government education towards marijuana's dangers, led to the creation of marijuana being considered a legitimate medicine has produced a different image of the

marijuana user and those who have succeeded in passing medical marijuana state initiatives. The user of marijuana as a legitimate patient gained support and sympathy in the 1970s and early 1980s as evidenced by the Compassionate IND program. However, by the early part of the twenty-first century, the popularity of the medical marijuana initiative and pro-legalization across the United States proved detrimental to almost a century of the government's control over the policy and image of marijuana. Rhetoric and images are carefully selected for the impact they make on legitimizing a certain viewpoint. The images of the medical marijuana user in the 2001 congressional hearing are disparate and contentious, and meant to make one's own view the most persuasive. The different images also represent a plethora of social "realities." As Erich Goode contends: " Even the natural sciences rest on faith, an unproveable assumption that the senses convey valid information. Yet each side insists that it alone has a monopoly on knowing what is true and what is false, what is real and what is illusory. Both sides attempt to mask the capricious nature of their decision with an air of absolute validity. Taking a relativistic stance toward both perspectives, we are forced to regard both to be statements of political persuasion."[102]

One dominant group, such as the federal government, no longer shapes marijuana ideology because the actions of the public initiating and passing state medical marijuana laws directly subvert a notion of total federal hegemony. There are multiple power players in the medical marijuana debate that have something to gain by advocating their position. There are those who seek to retain legitimacy by upholding traditional political views, others who see the economic potential in the growing popularity of cannabis consumption, some who wish to see their lifestyle as a cannabis user validated and

legalized, and then there are the patients whose benefits are to their well being and health. Even within these "pro" and "con" factions, there are disagreements as to how the debate should be shaped and on what grounds. It may be represented as a "black and white" kind of dialogue in most arenas, but the complexity of "truths" associated with each side is wide ranging without a discernible, totalizing hegemonic view. Marijuana, or cannabis, has become deep-seated in our society and as a result, a spectrum of views on the drug and its various cultures has been produced. People will continue to see marijuana as they choose based on their own pre-conceived notions, environment, personal experiences, and special view of "reality."

---

[1] Jerome L. Himmelstein, *The Strange Career of Marihuana: Politics and Ideology of Drug Control in America* (London: Greenwood Press, 1983), 147-148.
[2] http://www.usdoj.gov/dea/pubs/csa/812.htm
[3] Richard Evan Schultes and Albert Hoffman, *Plants of the Gods: their sacred, healing, and hallucinogenic powers* (Rochester: Healing Arts Press, 2001), 92.
[4] Bill Zimmerman, P.H.D., Rick Bayer, M.D., Nancy Crumpacker, M.D., *Is Marijuana the Right Medicine For You?: A Factual Guide to Medical Uses* (New Canaan: Keats Publishing, 1998),18-19; V.A. Campbell and A. Gowren, "Alzheimer's disease; taking the edge off with cannabinoids?" *British Journal of Pharmacology advance online publication* (2007), not paginated. www.nature.com/bjp/journal/vaop/incurrent/full/0707446a.html.
[5] Schultes and Hoffman, 96.
[6] Ibid.,17; Schultes and Hoffman 97-98.
[7] Mary Lynne Mathre, ed., *Cannabis in Medical Practice: A Legal, Historical and Pharmacological Overview of the Therapeutic Use of Marijuana* (Jefferson: McFarland and Company Inc., 1997), 35-52.
[8] Leslie L. Iversen, *The Science of Marijuana* (Oxford: Oxford University Press, 2000), 6,19; Mathre, ed., 35-52.
[9] Zimmerman, Bayer, Crumpacker, 17; Schultes and Hoffman, 94; Mathre, ed., 35-52.
[10]Zimmerman, Bayer, and Crumpacker, 17.
[11] W.B. O'Shaughnessy, "On the Preparations of the Indian Hemp or Gunjah (Cannabis Indica): their effects on the animal system in health, and their utility in the treatment of tetanus and other convulsive diseases*" Medical College of Calcutta* (Oct, 1839).

[12] Zimmerman, Bayer, and Crumpacker 17-18; Mathre, ed., 35-52.
[13] Ibid.
[14] Ibid.
[15] Scultes and Hoffman 94.
[16] Ibid., 97.
[17] Ibid., 98.
[18] Zimmerman, Bayer, and Crumpacker, 18; Iversen, 15-16.
[19] Schultes and Hoffman, 97.
[20] Ibid., 94; Iversen, 19.
[21] Schultes and Hoffman, 92.
[22] Iversen, 19.
[23] Zimmerman, Bayer, and Crumpacker, 18.
[24] Schultes and Hoffman, 95-96.
[25] Zimmerman, Bayer, and Crumpacker, 18.
[26] Schultes and Hoffman, 94,99.
[27] Iversen, 11.
[28] Schultes and Hoffman, 96 .
[29] Picture of Goddess Seshat with hemp, http://www.prntrkmt.org/herbs/pict/SeshatLuxorfulloptim.jpg, (accessed 12/09/2008).
[30] Iversen, 20, 22.
[31] Ibid., 23.
[32] Schultes and Hoffman, 95-96 .
[33] Roy Porter , *The Greatest Benefit to Mankind: a medical history of humanity* (New York: W.W. Norton and Company, 1997), 34, 37.
[34] The Antique Cannabis Book, "Burn the Witch," http://antiquecannabisbook.com/chap1/Witchs.htm, (accessed December 8, 2008).
[35] Michael R. Aldrich, PhD, The Antique Cannabis Book*,* W.B. O'Shaughnessy, "The Remarkable W.B. O'Shaughnessy," Spring, 2006. http://antiquecannabisbook.com/chap1/Shaughnessy.htm, (accessed November 8, 2008).
[36] Zimmerman, Bayer, and Crumpacker 18.
[37] Antique Cannabis Book, Medical Cannabis: A short graphical history, The Golden Age of Medical Cannabis: 1837-1937, http://antiquecannabisbook.com/chap1/Pre1937.htm, (accessed December 8, 2008).
[38] Antique Cannabis Book, Antique cannabis medicines, http://antiquecannabisbook.com/chap7/Cigaret.htm, Cannabis cough syrups, http://antiquecannabisbook.com/chap8/CoughSyrup.htm , Cannabis tinctures and fluid-extracts, http://antiquecannabisbook.com/chap4/Tincture.htm , Antique Corn Remedies, http://antiquecannabisbook.com/chap6/CornMed.htm , Migraine Headaches, Powdered Cannabis, Chlorordyne and Cannabis in the era of Generic Medicines, http://antiquecannabisbook.com/chap10/Chlorodyne.htm, Cannabis: a century of medical uses, http://antiquecannabisbook.com/chap11/MedUses.htm , (accessed 12/11/2008).
[39] Tincture of cannabis picture, marijuanaforalzheimers.blogspot.com, (accessed 12/09/2008).
[40] Zimmerman, Bayer, and Crumpacker, 19.

[41] Porter, 33; Grinspoon, 13;. Iversen, 17.
[42] Lester Grinspoon, *Marihuana Reconsidered* (Cambridge, MA: Harvard University Press, 1971), 10-12.
[43] Grinspoon, 16.
[44] Porter, 36.
[45] Iversen, 21-22.
[46] Jerome L. Himmelstein, *The Strange Career of Marihuana: Politics and Ideology of Drug Control in America* (London: Greenwood Press, 1983), 22,51.
[47] Grinspoon, 14.
[48] Ibid., 17; Himmelstein, 68-69.
[49] Reefer Madness Picture, http://studentorgs.utexas.edu/liberty1/pictures/Reefer%20Madness.png, (accessed 10/10/2008).
[50] Ibid., 23, 49-50, 68, 70.
[51] Ibid., 69,76-77.
[52] Mayor's Committee on Marijuana, the New York Academy of Medicine, "The La Guardia Committee Report: The Marihuana Problem in the City of New York", 1944. http://www.druglibrary.org/schaffer/library/studies/lag/lagmenu.htm, (accessed 12/06/2008).
[53] LaGuardia, Fiorello, The LaGuardia Report Foreword, http://www.drugtext.org/library/reports/lag/foreword.htm, (accessed December 8, 2008).
[54] Grinspoon, 26-27.
[55] Himmelstein, 77.
[56] Grinspoon, 14, 24, 27.
[57] Ibid., 62, 84.
[58] Ibid.,3-4, 22, 121, 123, 133.
[59] Ibid., 126.
[60]Zimmerman, Bayer, and Crumpacker, 20-21.
[61] Myrna Chandler Goldstein and Mark A. Goldstein, M.D., *Controversies in the Practice of Medicine* (Westport: Greenwood Press, 2001), 47-69; Mathre, ed., 22-28.
[62] Ethan Russo, Mary Lynne Mathre, Al Byrne, Robert Velin, Paul J. Bach, Juan Sanchez-Ramos, Kristin A. Kirlin, "Chronic Cannabis Use in the Compassionate Investigational New Drug Program: An Examination of Benefits and Adverse Effects of Legal Clinical Cannabis" *Journal of Cannabis Therapeutics* 2(1) (2002): 3, 7.
[63] www.norml.org
[64] Zimmerman, Bayer, and Crumpacker, 5.
[65] Porter, 368, 660.
[66] Porter, 671.
[67] Medical Marijuana picture, http://www.princeton.edu/~ssdp/Medical-MarijuanaDesign.JPG , (accessed 10/10/2008).
[68] Erich Goode, "Marijuana and the Politics of Reality" *Journal of Health and Social Behavior* 10 (Jun. 1969): 84-85.

[69] U.S. Congress, House, Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform, *Medical Marijuana, Federal Drug Law and the Constitution's Supremacy Clause* (Washington DC: GPO, 2001): 16, 39.
[70] Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Jr., eds., Division of Neuroscience and Behavioral Health : Institute of Medicine, *Marijuana and Medicine: Assessing the Science Base* (Washington DC: National Academy Press, 1999).
[71] U.S. Congress,74.
[72] U.S. Congress,85.
[73] U.S. Congress,73.
[74] U.S. Congress,89, 72-73.
[75] U.S. Congress,53.
[76] U.S. Congress,14, 89.
[77] U.S. Congress,66.
[78] U.S. Congress,72.
[79]Zimmerman, Bayer, and Crumpacker, 3.
[80] U.S. Congress,73.
[81] U.S. Congress,72-73.
[82] U.S. Congress,67-68.
[83] www.norml.org
[84] U.S. Congress,46.
[85] U.S. Congress,73.
[86] U.S. Congress, 44.
[87] U.S. Congress, 48.
[88] Grinspoon, 53-54.
[89] U.S. Congress,49.
[90] U.S. Congress, 39.
[91] U.S. Congress, 16.
[92] U.S. Congress, 15.
[93] U.S. Congress, 15.
[94] U.S. Congress, 47-48.
[95] U.S. Congress, 39, 47.
[96] U.S. Congress, 35.
[97] U.S. Congress, 23.
[98] U.S. Congress, 41.
[99] U.S. Congress, 51,38, 89.
[100] U.S. Congress, 14, 9.
[101] U.S. Congress, House, House Select Committee in Narcotics Abuse and Control House of Representatives, *Therapeutic Uses of Marihuana and Schedule I Drugs* (Washington DC: GPO, 1980).
[102] Goode, 87.

Bibliography

Books, Articles, and Government Documents

Campbell, V.A. and A. Gowren. "Alzheimer's disease; taking the edge off with cannabinoids?" *British Journal of Pharmacology advance online publication* (2007): not paginated.

Grinspoon, Lester. *Marihuana Reconsidered*. Cambridge, MA: Harvard University Press, 1971).

Goldstein, Myrna Chandler and Mark A. Goldstein, M.D. *Controversies in the Practice of Medicine*. Westport: Greenwood Press, 2001.

Goode, Erich. "Marijuana and the Politics of Reality." *Journal of Health and Social Behavior* 10 (Jun. 1969): 83-94.

Himmelstein, Jerome L. *The Strange Career of Marihuana: Politics and Ideology of Drug Control in America.* London: Greenwood Press, 1983.

Iversen, Leslie L. *The Science of Marijuana.* Oxford: Oxford University Press, 2000.

Joy, Janet E., Stanley J. Watson, Jr., and John A. Benson, Jr., eds. Division of Neuroscience and Behavioral Health: Institute of Medicine. *Marijuana and Medicine: Assessing the Science Base*. Washington DC: National Academy Press, 1999.

Mathre, Mary Lynne ed. *Cannabis in Medical Practice: A Legal, Historical and Pharmacological Overview of the Therapeutic Use of Marijuana*. Jefferson: McFarland and Company Inc., 1997.

O'Shaughnessy, W.B. "On the Preparations of the Indian Hemp or Gunjah (Cannabis Indica): their effects on the animal system in health, and their utility in the treatment of tetanus and other convulsive diseases*" Medical College of Calcutta* (Oct, 1839).

Porter, Roy. *The Greatest Benefit to Mankind: a medical history of humanity*. New York: W.W. Norton and Company, 1997.

Russo, Ethan , Mary Lynne Mathre, Al Byrne, Robert Velin, Paul J. Bach, Juan Sanchez-Ramos, Kristin A. Kirlin. "Chronic Cannabis Use in the Compassionate Investigational New Drug Program: An Examination of Benefits and Adverse Effects of Legal Clinical Cannabis" *Journal of Cannabis Therapeutics* 2(1) (2002).

Schultes, Richard Evan and Albert Hoffman. *Plants of the Gods: their sacred, healing, and hallucinogenic powers*. Rochester: Healing Arts Press, 2001.

U.S Congress. House Select Committee in Narcotics Abuse and Control House of Representatives. *Therapeutic Uses of Marihuana and Schedule I Drugs*. Washington DC: GPO, 1980.

U.S. Congress. House, Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform. *Marijuana and Medicine: The Need for a Science-Based Approach.* Washington DC: GPO, 2005.

U.S. Congress. House, Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform. *Medical Marijuana, Federal Drug Law and the Constitution's Supremacy Clause*. Washington DC: GPO, 2001.

U.S. General Accounting Office. Report to the Chairman, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform, U.S. House of Representatives. *Marijuana: Early Experiences with Four State's Laws that Allow Use for Medical Purposes.* Washington DC: GAO, 2002.

Zimmerman, Bill P.H.D., Rick Bayer, M.D., Nancy Crumpacker, M.D. *Is Marijuana the Right Medicine For You?: A Factual Guide to Medical Uses.* New Canaan: Keats Publishing, 1998.

Internet Sources

Aldrich, Michael R. Ph.D. The Antique Cannabis Book. W.B. O'Shaughnessy. "The Remarkable W.B. O'Shaughnessy." Spring, 2006. http://antiquecannabisbook.com/chap1/Shaughnessy.htm (accessed November 8, 2008).

The Antique Cannabis Book. "Burn the Witch." http://antiquecannabisbook.com/chap1/Witchs.htm, (accessed December 8, 2008).

Antique Cannabis Book. Medical Cannabis: A short graphical history, The Golden Age of Medical Cannabis: 1837-1937. http://antiquecannabisbook.com/chap1/Pre1937.htm, (accessed December 8, 2008).

Antique Cannabis Book. Antique Cannabis Medicines: Asthmatic cigarettes, http://antiquecannabisbook.com/chap7/Cigaret.htm, Cannabis cough syrups, http://antiquecannabisbook.com/chap8/CoughSyrup.htm , Cannabis tinctures and

fluid-extracts, http://antiquecannabisbook.com/chap4/Tincture.htm , Antique Corn Remedies, http://antiquecannabisbook.com/chap6/CornMed.htm , Migraine Headaches, Powdered Cannabis, Chlorordyne and Cannabis in the era of Generic Medicines, http://antiquecannabisbook.com/chap10/Chlorodyne.htm, Cannabis: a century of medical uses, http://antiquecannabisbook.com/chap11/MedUses.htm , (accessed 12/08/2008).

LaGuardia, Fiorello. The LaGuardia Report Foreword. http://www.drugtext.org/library/reports/lag/foreword.htm, (accessed December 8, 2008).

Mayor's Committee on Marijuana, the New York Academy of Medicine. "The La Guardia Committee Report: The Marihuana Problem in the City of New York", 1944. http://www.druglibrary.org/schaffer/library/studies/lag/lagmenu.htm

www.nida.nih.gov/

http://www.usdoj.gov/dea/pubs/csa/812.htm

www.nih.gov/

www.usdoj.gov/dea/index.htm

www.iom.edu /

www.norml.org

Oral History

Briner, Katie. "A Personal Interview on the Medical Marijuana Patient as Kin." Interview by Kathryn Farmer. October 3, 2008.

Images

Medical Marijuana picture, http://www.princeton.edu/~ssdp/MedicalMarijuanaDesign.JPG , (accessed 10/10/2008).

Picture of Goddess Seshat with hemp, http://www.prntrkmt.org/herbs/pict/SeshatLuxorfulloptim.jpg, (accessed 12/09/2008).

Reefer Madness Picture, http://studentorgs.utexas.edu/liberty1/pictures/Reefer%20Madness.png, (accessed

10/10/2008).

Tincture of cannabis picture, marijuanaforalzheimers.blogspot.com , (accessed 12/09/2008).